

STARK OPENING REMARKS AT EMERGENCY CARE HEARING

Wednesday, 26 July 2006

Representative Pete Stark (CA-13), Ranking Democrat on the Ways and Means Health Subcommittee, delivered the following opening remarks at today's hearing on emergency care.

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WASHINGTON,
D.C. — Representative Pete Stark (D-CA), Ranking Democrat on the Ways and Means Health Subcommittee, delivered the following opening remarks at today's hearing on emergency care:

"I'd like to thank Chairman Johnson for holding this important hearing on the future of our emergency medical system. As the author of our hospital anti-dumping laws (EMTALA), I've been a longtime advocate for the need to provide emergency medical care to all those in need.

"The emergency room is someplace none of us ever want to be. But, if we end up there, we expect the emergency department to live up to its billing and to ensure that our emergency medical situation is addressed. Unfortunately, what we're going to hear today is that our entire emergency medical system is consistently failing to do just that.

"I want to commend the work of the Institute of Medicine for producing not one — but three — groundbreaking analyses of the failures of our emergency medical system. They've researched the pre-hospital EMS system, the hospital component, and put a special focus on the lack of pediatric expertise and equipment in our nation's emergency rooms. They are sobering reports. And, they sound the siren for change.

"I'd like to briefly describe an incident right here in DC that puts a very human face on this crisis. Many of us had worked with or read articles authored by David Rosenbaum, an esteemed New York Times reporter. Last January, Mr. Rosenbaum was viciously attacked and robbed while taking an evening walk. He died as a result. No one knows if his life could have been saved if the events after that attack had unfolded differently. But, what is clear is that the emergency medical system failed him miserably. The emergency personnel mistakenly thought he was intoxicated and classified him as low-priority when in fact he had a massive head injury. He was then taken to Howard

University Hospital -- a hospital that was further away than Sibley Hospital -- for "personal" reasons of the ambulance driver. Once at Howard, he was left in the hallway for more than an hour before someone bothered to examine him and discover that he had a massive head injury. I'd like to submit for the record today the summary of the District of Columbia's Inspector General's investigation into the events of that night as it personifies all that should not happen to someone in need of emergency care.

"I'd like to believe that Mr. Rosenbaum's case is an outlier, but upon reading the IOM reports, and the testimony of witnesses before us today, it is clear to me that we've got a systemic crisis in the delivery of emergency medical services in our country.

"What's harder to resolve is how we address this problem. The Institute of Medicine gives us a number of important places to look. We should end hospital "boarding" of patients, we should focus more research into emergency medicine, we need to find a solution to the very real problems hospitals are facing in retaining on call specialty physicians. But, with all due respect, the recommendations are far from precise. For example, while it is obvious that patient "boarding" is causing delays in treatment, it can't be as simple as adopting a new flow system to fix the problem. If it were, more hospitals would have done that. And, the testimony from Scottsdale Healthcare shows that it helps, but it's not the magic bullet.

"What comes out to me most clearly as we investigate the shortcomings of our emergency system is that these deficiencies are not confined to the Emergency Department. They are the same problems that plague the entire US health care system. In fact, the problem is that we really don't have a system. Unlike every other industrialized country in the world, we've failed to develop a universal health care system that assures that people get the health care they need.

"If people had the ability to get the health care they needed in a doctor's office or local health clinic, they would do so. That's not happening because too many people have no health insurance or they are under-insured and they can't afford to get appropriate medical treatment in a timely manner.

"I stand ready to work with the Institute of Medicine and all other interested parties to make improvements to our fractured EMS system. We can -- and we must -- make improvements. But, until we are ready to commit to a health care system that guarantees everyone affordable, comprehensive health care, our nation's emergency rooms are going to be the provider of last resort. Everyone's written testimony before us today highlights that very problem, but they aren't asking to be disavowed of providing that care. They're asking for financial support to fulfill the role we in government have assigned them by default by refusing to tackle the real issue: universal health care.

"With that, I look forward to the testimony of those who have joined us today. I'd like to give a special welcome to my friend Dr. Larry

Bedard who has graciously agreed to join us today. He came out from California at his own expense. He's a retired emergency physician who has long been active in trying to help repair our EMS system. And, as he no longer has a dog in the fight so to speak, I appreciate his words of experience on this front. "